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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072308 (5)

1. Corporation Name
JOAQUIN JAVIER ARISTIMUNO, M.D., P.A.



Principal Place of Business Mailing Address
C/O LESLIE ALAN ROZENCWAIG, P.A.
1 SOUTHEAST 3RD AVENUE #960
MIAMI FL 33131
C/O LESLIE ALAN ROZENCWAIG, P.A.
1 SOUTHEAST 3RD AVENUE #960
MIAMI FL 33131-1716

3. Date Incorporated or Qualified 08/29/1996
3a. Date of Last Report
4. FEI Number 05-0700723 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country
24. Country 25. Country 29. Country 30.

9. Name and Address of Current Registered Agent
ROSENCAWIG, LESLIE A
960 SUNTRUST INTERNATIONAL CENTER
1 SOUTHEAST THIRD AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
c/o 1 S.E. 3RD AVE.
83. STE. 960
84. City Miami FL 85. Zip Code 33131

11. Pursuant to the provisions of Sections 607, 609 and 607.1007, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, principal place of business, or both, in the State of Florida. Such change was authorized by the Corporation's board of directors. I hereby accept the appointment as registered agent for the corporation as provided in Section 607.0505, Florida Statutes.

SIGNATURE: *Leslie Alan Rosencawig* DATE: 2/14/97

Table with columns for OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Includes fields for title, name, street address, city, state, and zip.

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the F-12 or F-13 of this filing or on an attachment with an address.

SIGNATURE: *Leslie Alan Rosencawig* DATE: 3/10/97 DAY: 941-966-1247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)